Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>07/18/2007</u> Case #: <u>43F 25078</u> County: <u>BARTINOLOME</u> W	Address: <u>58658. C.R. 55</u> 01./. <u>COLUMBUS, IN.</u> 47201
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Scizure Location (check all that apply) Residence Hotel/Motel Outbuilding Open - No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Itithium/Ammonia Reaction(s): LN COOLER IN BARN Lithium/Ammonia Reaction(s): LN COOLER IN BARN Water Reactive Metal (Lithium): Anhydrous Ammonia: Anhydrous Ammonia: Mydrochloric Acid Gas Generator(s): LN COOLER IN BARN Corrosive Acid: LN COOLER IN BARN Corrosive Acid: LN COOLER IN BARN Corrosive Base: Other (item and location):	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencie Fire Department:	Investigative Information Fphedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Other: sthat serve the location: Fax: 812 342 461 Fax: 817 379 1040 Fax: 1040 Fax: 1040
For further information regarding this methamphetam nvestigating Officer: * This form is to be faxed to the Fire Department, Health Department within 24 hours of scene processing. * This form is to be included with the case file, and a copy set	ine laboratory, contact Phone 812 - 522 - 144